

TB-8

WHITE-DIVISION OF WATER RESOURCES
CANARY-CLIENT'S COPY
PINK-WELL DRILLER'S COPY

STATE OF NEVADA
DIVISION OF WATER RESOURCES

OFFICE USE ONLY
Log No. 37132
Permit No. _____
Basin 61

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

WELL DRILLER'S REPORT

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 14941

1. OWNER DEE GOLD MINING COMPANY ADDRESS AT WELL LOCATION _____
 MAILING ADDRESS P. O. Box 1193 24 miles NE of Dunphy
Elko, NV 89801 Exit off I-80

2. LOCATION SW 1/4 SW 1/4 Sec. 10 T. 36 N/S R. 49 E. Elko County _____
 PERMIT NO. M-0-3574 Issued by Water Resources Parcel No. _____ Subdivision Name _____

3. WORK PERFORMED
 New Well Replace Recondition Domestic Irrigation Test Cable Rotary RVC
 Deepen Abandon Other _____ Municipal/Industrial Monitor Stock Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Drilled out Hole TB-8 with Air				
8 1/2" Tri-cone				
from 0' to 40'				
Drilled out 2" PVC + Bentonite				
0' to 40' Hole				
Stand Open				
Mixed Cement				
at base of water				
Per sec at Portland				
+ Portland				
Filled Hole from				
40' to 0' used				
9-sls +				
Cement				

8. WELL CONSTRUCTION
 Depth Drilled 40 Feet Depth Cased 40 Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
6" Inches 0 Feet 40 Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
2" PVC		SC4-40	0	40'

Perforations:
 Type perforation _____
 Size perforation _____
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal 40 Neat Cement
 Cement Grout
 Placement Method: Pumped Poured Concrete Grout

Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 12-18-91, 19____
 Date completed 12-18-91, 19____

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

9. WATER LEVEL
 Static water level 22' Appx feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name EKLUND DRILLING COMPANY, INC.
 Address P. O. Box 2786
Elko, NV 89801
 Nevada contractor's license number issued by the State Contractor's Board 0030823
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 1762
 Signed Thad R. Waddell (Pet)
 By driller performing actual drilling on site or contractor
 Date 12-20-91